

<i>SERFF Tracking Number:</i>	<i>CLBA-125347776</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbia National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CNI-FMP-07-F02</i>		
<i>TOI:</i>	<i>03.0 Personal Farmowners</i>	<i>Sub-TOI:</i>	<i>03.0000 Personal Farmowners</i>
<i>Product Name:</i>	<i>Farmowners</i>		
<i>Project Name/Number:</i>	<i>Property In Transit Form FO-568/CNI-FMP-07-F02</i>		

Filing at a Glance

Company: Columbia National Insurance Company

Product Name: Farmowners

TOI: 03.0 Personal Farmowners

Sub-TOI: 03.0000 Personal Farmowners

Filing Type: Form

SERFF Tr Num: CLBA-125347776

SERFF Status: Closed

Co Tr Num: CNI-FMP-07-F02

Co Status:

Authors: Dennis McVay, Christina Walker, DeeDee Williams

Date Submitted: 11/05/2007

State: Arkansas

State Tr Num: EFT \$50

State Status: FEES VERIFIED

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 11/07/2007

Disposition Status: Approved

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):

03/01/2008

General Information

Project Name: Property In Transit Form FO-568

Project Number: CNI-FMP-07-F02

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 11/07/2007

State Status Changed: 11/07/2007

Corresponding Filing Tracking Number: CNI-FMP-07-R02

Filing Description:

We are filing our new company form FO-568 (1-08) Property In Transit Coverages F and G, which we propose to use in our Preferred Farmowners Policy Program. This form is of our own design and does not replace any previously filed form. Please note that this form mirrors the currently filed AAIS form FO-361 Ed. 1.0 Property In Transit Coverage F and G. We are also filing our corresponding rate and rule filing at this time.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

Please review and advise if any further action is needed.

SERFF Tracking Number: CLBA-125347776 State: Arkansas
 Filing Company: Columbia National Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CNI-FMP-07-F02
 TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
 Product Name: Farmowners
 Project Name/Number: Property In Transit Form FO-568/CNI-FMP-07-F02

Company and Contact

Filing Contact Information

DeeDee Williams, Asst. Analyst dwilliams@colinsgrp.com
 2102 White Gate Drive (573) 474-6193 [Phone]
 Columbia, MO 65205 (800) 836-5713[FAX]

Filing Company Information

Columbia National Insurance Company CoCode: 19640 State of Domicile: Nebraska
 2102 White Gate Drive Group Code: 807 Company Type: Stock
 P O Box 618
 Columbia, MO 65205 Group Name: Columbia Insurance State ID Number: 03
 Group
 (573) 474-6193 ext. [Phone] FEIN Number: 47-0685688

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia National Insurance Company	\$50.00	11/05/2007	16482069

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	11/07/2007	11/07/2007

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Disposition

Disposition Date: 11/07/2007

Effective Date (New): 02/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CLBA-125347776	State:	Arkansas
Filing Company:	Columbia National Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CNI-FMP-07-F02		
TOI:	03.0 Personal Farmowners	Sub-TOI:	03.0000 Personal Farmowners
Product Name:	Farmowners		
Project Name/Number:	Property In Transit Form FO-568/CNI-FMP-07-F02		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Property In Transit Coverages F and G	Approved	Yes

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TOI:	03.0 Personal Farmowners	Sub-TOI:	03.0000 Personal Farmowners
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Property In Transit Coverages F and G	FO-568	1-08	Endorsement/Amendment/Conditions		0.00	FO-568 1-08 Property in Transit.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PROPERTY IN TRANSIT
COVERAGES F AND G**

Property in Transit Schedule	
\$	Per occurrence

Information required to complete this schedule, if not shown above, will be shown in the Declarations.

1. "We" pay for loss to property covered under Coverages F or G while it is in transit, but not while being transported by or in the custody of a common or contract carrier.
2. "We" do not pay for:
 - a. loss of or injury to "livestock" or poultry, except against accident causing death or making death necessary;
 - b. loss of profit, loss of use, or loss of market;
 - c. loss or damage caused by shifting of load, poor packing or rough handling, or unexplained shortage, including inventory shortage;
 - d. breakage of eggs;
 - e. loss caused by insects, vermin, or inherent vice;
 - f. loss caused by:
 - 1) leakage, evaporation, shrinkage, breakage, heat, or cold;
 - 2) being scented, moulded, rusted, rotted, soured, or changed in flavor; or
 - 3) bending, denting, chipping, marring, or scratching;
 unless caused by fire, lightning, windstorm, flood, explosion, collision, or overturn; or
 - g. loss of or damage to tarpaulins, tools, repair equipment, wrapping materials, and equipment for loading and unloading which are carried on the vehicle.
3. The most "we" pay is the amount shown in the Property in Transit Schedule or the "limit" that applies to the covered property, whichever is less.

All other "terms" of the policy apply.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	11/07/2007
Comments:			
Attachment:	Transmittal Document.pdf		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1